

DIAGNOSIS AND MEDICAL MANAGEMENT OF PARALYTIC ILEUS IN A LABRADOR DOG

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ABSTRACT

Paralytic ileus is a state of functional obstruction of intestines or failure of peristalsis. The paralysis does not need to complete to cause ileus, but the intestinal muscles became inactive and it prevents passage of food. There will be loss of intestinal tone and motility. The etiological factors include acid base imbalances, electrolyte imbalances such as hypokalemia, enteritis, intestinal obstruction etc. Radiographic diagnosis and successful medical management of a case of paralytic ileus is discussed in this paper. A four year old Labrador dog was presented to University Veterinary Hospital with a history of vomiting and straining while defaecation for one month. Upon clinical examination, the physiological parameters were found to be within normal range. Distended stomach with thickened intestinal loops could be appreciated on digital palpation. Blood smear and faecal sample examination revealed negative for haemoparasites and parasitic ova respectively. Blood and serum biochemical values were within normal limits except for increased globulin and decreased Albumin Globulin ratio. Serum electrolytic studies revealed hypokalaemia, hypochloremia and hyponatremia. Radiograph of right lateral abdomen revealed distended intestinal loops filled with gas and fluids suggestive of ileus. On abdominal ultrasonographic evaluation, gas filled pockets could be detected. Based on history, clinical and sonographic examination, the case was diagnosed as Paralytic ileus which was confirmed by radiography. The animal was successfully treated with fluids, electrolytes, antibiotics, antiemetics and prokinetics. The animal showed an uneventful recovery after two weeks of treatment.

KEYWORDS: Paralytic ileus, Dog, Hypokalaemia

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CASE HISTORY AND OBSERVATIONS

A four year old Labrador dog was presented to University Veterinary Hospital with a history of vomiting and straining while defaecation for one month. Upon clinical examination, the physiological parameters like temperature and pulse were 102.1°F and 66/minute respectively on the day of presentation. The mucous membranes were pale roseate. The lymph nodes are palpable. On auscultation of chest, no abnormalities could be detected except for a slight elevation in respiratory rate. Abdominal palpation elicited pain and revealed distended stomach and thickened intestinal loops.

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decreased Albumin Globulin ratio. Serum electrolytic studies revealed hypokalaemia, hypochloremia and hyponatremia. On ultrasonographic evaluation, dilated bowel loops with absence of peristalsis could be appreciated. Gas-distended bowel loops with thinning of the anterior wall and the posterior bowel walls cannot be evaluated because of extensive intraluminal gas and associated shadowing. Radiograph of right lateral abdomen revealed generalised, uniform, gaseous distension of the large and small bowel (Fig:1). Prostatomegaly was ruled out by per rectal examination and confirmed by ultrasonography.



Figure 1: Radiograph before treatment: Radiograph of right lateral abdomen revealed Distended intestinal loops filled with fluids and gases

RESULTS AND DISCUSSION

Based on history, clinical and ultrasonographic examination, the case was diagnosed as Paralytic ileus which was confirmed by radiography. The animal was successfully treated with fluids (Dextrose Normal Saline @ 10 ml/kg body weight and Ringer lactate @ 20 ml/kg body weight intravenously), antibiotics (Sulpha-trimethoprim @ 15 mg/kg body weight and Metronidazole @ 20 mg/kg body weight intravenously), antiemetics (Metachlopramide @ 0.3mg/kg body weight subcutaneously) and prokinetics (Erythromycin @ 1 mg/kg body weight orally) for a period of two weeks. After two weeks of treatment, clinical improvement was correlated with abdominal radiograph (fig:2). The animal showed an uneventful recovery after two weeks of treatment. The owner was advised to include fibres in dog's diet and also advised to maintain it under less carbohydrate diet. Use of prokinetics along with correction of electrolyte imbalances helped in the drastic recovery of this condition.



Figure 2: Radiograph after treatment: Radiograph of right lateral abdomen revealed marked improvement in condition

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